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1489

26 FEB 2006

## **Application Data Sheet**

## **Application Information**

**Application number::**

**Application Type:** Regular

**Subject Matter:: Utility**

**Suggested classification::**

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Number of CD disks..

**Number of copies of C**

Sequence submission?:: None

Computer Readable Form (CRF) 2 :: N

Number of copies of CREU:

### Number of copies of S.I. 111

# NITROSATED AND NITROSTERATED CARDIOVASCULAR COMPOUNDS, COMPOSITIONS AND METHODS OF USE

Attorney Docket Number:: 102258.174 US3

Request for Early Publication?:: No

Request for Non-Publication?:: No

#### Suggested Drawing Figure::

### Total Drawing Sheets::

**Small Entity?::** Yes

Petition included?.. No

**Petition Type::**

Licensed U.S. Govt. Agency

## **Applicant Information**

**Applicant Authority Type::** Inventor

Primary Citizenship Country:: US

Status:: Full Capacity  
Given Name:: David  
Middle Name:: S.  
Family Name:: GARVEY  
Name Suffix::  
City of Residence:: Dover  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 10 Grand Hill Drive  
City of mailing address:: Dover  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02030

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: L.  
Middle Name:: Gordon  
Family Name:: LETTS  
Name Suffix::  
City of Residence:: Dover  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 12 Abbott Road  
City of mailing address:: Dover  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02030

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France

Status:: Full Capacity  
Given Name:: Manuel  
Middle Name::  
Family Name:: WORCEL  
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State or Province of Residence:: MA  
Country of Residence:: US  
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City of mailing address:: Boston  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02115

#### **Correspondence Information**

Correspondence Customer Number:: 25270

#### **Representative Information**

Representative Customer Number:: 25270

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	371 of	US04/026910	08/20/04
US04/026910	An application claiming the benefit under 35 USC 119(e)	60/498,309	08/28/03
US04/026910	An application claiming the benefit under 35 USC 119(e)	60/535,542	01/12/04

**Assignee Information**

Assignee name:: NitroMed, Inc.  
Street of mailing address:: 125 Spring Street  
City of mailing address:: Lexington  
State or Province of mailing address:: MA  
Country of mailing address:: United States  
Postal or Zip Code of mailing address:: 02421-7801